

OFFICE POLICIES

Broken/Cancelled Appointments: We are very appreciative of patients who arrive on time for their scheduled appointments. In the event you need to cancel an appointment, we request notice of at least 24 hours in advance of the appointment. As a courtesy, our office may contact you via email or phone to remind you of the appointment(s). While certain emergencies and other issues may be taken onto consideration, Irving Park Dentistry reserves the right to apply a fee of \$25 per half-hour of the scheduled appointment for failure to provide adequate notice.

Guarantee of Payment/Assignment of Insurance Benefits: Unless otherwise stated, I understand that fees are due for any services rendered on the date of service. I authorize payment for services rendered to me to be made directly to this office for benefits otherwise payable to me. These payments shall not exceed the regular charges for this period of treatment. I also understand that I am responsible to pay any charges not covered through my insurance benefits, including but not limited to non-covered services, applicable deductibles and/or co-insurance as defined by my policy(ices), or, ant fees for service in the event that I do not have insurance coverage.

Completion Of Treatment: In the event that I elect to receive treatments such as crowns, dentures, root canals, bridges, implants and other treatment that requires me to return for future visits to finalize, I understand that I am responsible to return to the office to complete treatment. These types of treatments typically require Irving Park Dentistry to incur lab, equipment and labor costs up front. In the event that I do not return to complete the treatment, I understand that I am still responsible to pay the full cost of the treatment.

Past Due Balances & Collection Services: Irving Park Dentistry makes an effort to provide all patients with education and information regarding proposed and complete treatment as well as the costs associated, in order for each patient to make an informed decision regarding their treatment. Irving Park Dentistry also participates in lending programs to extend interest-free credit to qualified applicants for certain procedures. However, in the event that I do not pay outstanding balance(s), I understand that a 12% interest rate will be applied to any past due balances on my account(s). I also understand that should my past due balance be referred to an attorney or collection agency, I will be financially responsible for any additional costs incurred such as attorney fees, collection agency fees, court costs, etc.

Patient Dismissal: Our practice takes pride in our dentistry and in the relationships with our patients who believe in quality care. Cooperation is a key element to successful treatment. Irving Park Dentistry reserves the right to dismiss patients in the interest of customer service and quality care for patients. Irving Park Dentistry will be happy to transfer patient records to another provider at the request approval for any patients who are dismissed.

I agree to abide by the policies listed above. I understand that if I have any questions about these policies, I may request assistance and further explanation at any time from Irving Park Dentistry staff member.

PATIENT/RESPONSIBLE PARTY NAME

DATE

PATIENT/RESPONSIBLE PARTY SIGNATURE